IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

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| In re: | Chapter 11 |
| W.R. GRACE & CO., et al., | Case No. 01-01139 (JKF) |
| Debtors. | Jointly Administered |
| | Ref. No. 21544 |

DEPOSITION OF JOHN PARKER, M.D.,

a witness herein, called for examination by the Claimants, taken pursuant to the Federal Rules of Bankruptcy Procedure, by and before Susan E. Alldridge, a Registered Professional Reporter and Notary Public in and for the State of West Virginia, at the Ramada Inn Conference Center, 20 Scott Avenue, Morgantown, West Virginia on Tuesday, 9 June 2009, at 9:09 a.m.

produced from the radiographs I reviewed with them.

Q. And the predominantly pleural disease over interstitial fibrosis, that would be different from Chrysotile in a significant way?

A. Chrysotile does not produce as much pleural abnormality as parenchymal abnormality, in my experience.

Q. Is it significantly less?

A. It's related to dose response relationships affecting the pleura and the parenchyma.

Q. I was wondering if it's significantly less than amphibole --

A. Yes.

Q. -- cohort.

A. Yes.

Q. Okay. And in your review of Libby chest x-rays, did you see a lot of thin but extensive visceral pleural thickening?

A. Most costophrenic angle blunting that was present was also accompanied by parietal pleural plaques. There also was some costophrenic angle blunting that would meet the definition of B2 by ILO. I suspect most of what I saw of costophrenic

angle blunting would meet the B2 ILO definition, at least unilaterally.

Q. I was asking about thin but extensive --

A. I did not --

Q. -- visceral pleural thickening. Did you see a lot of that?

A. I saw some costophrenic angle blunting that would not meet the ILO definition of B2 but would meet the ILO definition of B1.

Q. And would that be significantly different than Chrysotile presentations?

A. Yes, in my experience.

Q. And in the Libby x-rays, did you see a lower incidence of blunting with visceral pleural thickening than you've seen elsewhere?

A. No.

Q. And in the Libby chest x-rays, did you see significant subpleural interstitial fibrosis?

A. It's been present but not different than other cohorts.

Q. Not different than other amphibole cohorts?

A. Yes.

Q. Would that be different from Chrysotile

cohorts?

A. Not always.

Q. "Not always," did you say?

A. Yes.

Q. Generally, is it?

A. Generally, yes.

Q. And in the Libby chest x-rays, did you see more -- or did you see cases of pure pleural disease with no interstitial fibrosis?

A. Yes.

Q. And is that consistent with other amphibole cohorts?

A. Yes.

Q. And is that also significantly different from Chrysotile cohorts?

A. Not always, no.

Q. Generally so?

A. Yes.

Q. And when you compared CT scans to chest x-rays on the same people from Libby, did you note that the CT scans showed a lot more pleural disease?

A. Yes. The CT scans did demonstrate more pleural disease than was appreciated on the chest

x-ray.

Q. And is that consistent with amphibole cohorts?

A. Yes. And Chrysotile cohorts.

Q. And then you mentioned the amosite cohort from Paterson, New Jersey. Did you do any work on that same cohort after it moved to Tyler, Texas?

A. No, I did not.

Q. A lot of the same workers moved from New Jersey to Texas, didn't they?

A. I'm not sure if it was the workers who moved. I guess it was the workers who moved. I was going to say also some of the investigators moved, too.

Q. Any other amphibole cohorts in the United States that you've done work on?

A. No, I don't believe so.

Q. On page 10 of Exhibit 1, just above the new caption "The Importance Of," there's a sentence beginning "The Libby radiographic and clinical findings are consistent with international populations exposed to amphibole asbestos."

And what are you referring to in terms of clinical findings there?

A. Could you redirect me? I actually didn't see where it was.

Above the bold.

Q. Yes.

A. Yes. I meant that populations exposed to amphiboles in Finland and Turkey and Australia and South Africa and other locations have had radiographic findings with extensive pleural abnormalities sometimes reported. And clinical findings of effusions, clinical findings of rounded atelectasis, clinical findings of parietal plaques, clinical findings of lung cancer, clinical findings of diffuse pleural thickening have been identified in other international populations that are amphibole exposed. And the Libby's findings were quite typical of those that have been seen and reported internationally.

Q. Okay. So as to effusions, the Libby findings are consistent with amphiboles?

A. Yes.

Q. And would you say the incidence of effusions in Libby is significantly greater than in Chrysotile cohorts?

A. Yes. I haven't seen a lot of films myself

with effusions from Libby, but the experience reported would make me think that it's more than with Chrysotile, yes.

Q. And as to rounded atelectasis, were the Libby films consistent with other amphibole cohort films?

A. Yes.

Q. And significantly greater than Chrysotile cohorts?

A. Yes.

Q. And as to the incidence of diffuse pleural thickening, was Libby consistent with amphibole cohorts on that issue?

A. Yes.

Q. And significantly greater than Chrysotile cohorts?

A. Possibly.

Q. Did you say "possibly"?

A. Possibly.

Q. You're not sure?

A. I'm not certain.

Q. And what about the finding of chest pain? Was -- were the Libby clinical findings in that regard consistent with amphibole cohorts elsewhere?